



Authorization for Release and Use of Information

Child Name: _____ Male Female

Date of Birth: _____ Premature? Yes No Weeks Gestation _____

Parent(s) or Guardian(s) Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Email: _____

Concerns: _____

Please contact me in: English Spanish Other _____

I authorize the mutual release of the above-named child's information between the two entities listed.

Help Me Grow Alabama
Phone: 833-939-0336
Fax: 334-356-8230
Email: referrals@apcteam.org

EI Program Name: _____
Address: _____
City-State-Zip: _____
Phone: _____ Fax: _____

I give permission for the release of items marked below from Help Me Grow to Early Intervention

I give permission for the release of items marked below from Early Intervention to Help Me Grow

- X ongoing two-way communication
X referral and contact information
Other: _____

- X ongoing two-way communication (phone, email)
X referral and contact information
X evaluation information
Other: _____

By my signature below, I authorize the release and use of the information above.

Signature of the parent/legal guardian of child

Date

Signature of the Early Intervention provider

Date

Expiration Date of Release Form

(if parent so chooses to select a date)